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Complete if Known Substitute for form 1449A/PTO **Application Number** 09/892,018 INFORMATION DISCLOSURE Filing Date June 25, 2001 STATEMENT BY APPLICANT First Named Inventor RIBI, HANS O. **Art Unit** 1615 **Examiner Name** Bennet, Rachel M. (use as many sheets as necessary) Sheet of **Attorney Docket Number** SGAN-004CIP

Examiner	Cite			tion Date	N	ame of Patentee or	Pages, Columns, Lines, Where	
Initials	No.1	Number-Kind Code ² (if known)		D-YYYY		cant of Cited Document	Relevant Passages or Relevant Figures Appear	
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